U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - 4257	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name John T Baca	Name Boilermakers Local 549		
	Labor Organization File Number 515-609		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2191 Piedmont Way	Street 2191 Piedmont Way		
City Pittsburg	City Pittsburg		
State California ZIP Code + 4 94565	State California ZIP Code + 4 94565		
5. Position in labor organization. Assistant Business Manager			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name,	if any). 7.a. Nature of Interest, Transaction, or Income.				
Name Babcock & Wilcox	Dinner at Tripartite Conference in Myrtle Beach, South Carolina.				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street and at 1 and	7.b. Amount.				
Street 710 Airpark Road					
City Napa	\$40				
State California ZIP Code +	4 94558				

## Signature

15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable p	enalties of the law, that all of the information
submitted in this report (including the information contained in any accompany	ing documents), has been eva	mined by the cianatons and in to the best -64-
undersigned's knowledge and belief, true, correct, and complete. (See the ser	ction on penalties in the instruc	ctions.)
	, ,	,
	716	1107 7000
Signed	on 7-29.05	(925) 427-75-86
	Date	Telephone Number

Name of Person Filing John Baca		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.					
8. Name and address of Business (including trade name, if any).  Name 925  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 601 Gateway Boulevard, Suite 1000  City South San Francisco  State California ZIP Code+4 94080-7037	9. Business deals with:    X   a. Labor Organizat   b. Trust   c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng. n our environmental Law Firm.			
Name	CHRISCHAS GILC IION	dour environmental Law Firm.			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City	11.b. Approximate dollar value				
State ZIP Code + 4	Smoked Salmon as a	Christmas gift.			
	12.b. Amount.	\$54			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		j			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	·			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Name of Person Filing John Baca			File Number U-			
Part B Continuation Page						
or leasing to, or otherwise deal	d income or economic benefit with monetary va ling with the business of an employer whose em of buying from or selling or leasing directly or indi- terested.	ployees your labor organization re	epresents or is actively seeking to repres	ent, or		
8. Name and address of Bu	siness (including trade name, if any).	9. Business deals with:				
Name Law Offices o	f Wiilliam L. Veen	a. Labor Organi	zation			
Trade Name, if any:		di 2000i Organii				
P.O. Box, Bldg., Room No.,	if any	b. Trust				
Street 711 Van Ness	Avenue, Suite 220	c. Employer				
City San Francisco						
State California	ZIP Code + 4 94102					
10. If 9.b. or 9.c. is checked gi	ve trust or employer's name.	11.a. Nature of such deali	•			
Name		Lunch to discuss We members.	orkman Comp issues for our			
Trade Name, if any:						
P.O. Box, Bldg., Room No.,	if any					
Street						
City						
State	ZIP Code + 4	11.b. Approximate dollar val	ue of such dealing.	\$299		
		12.a. Nature of interest held	f or income received.			
		Seven people attend of the total.	ded the lunch, my value was	s 1/7		

12.b. Amount.

\$43